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Use

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FEC FORM 1

STATEMENT OF

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(Revised 02/2009)

16 APR 13 PM 2: 02 **ORGANIZATION** Office Use Only Example:If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) icompliance@dscc.ord (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00042366 FEC IDENTIFICATION NUMBER AMENDED (A) OR IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Qeanna Nesburg** Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: **FEC FORM 1** Office Federal Election Commission

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